



June 27, 2014

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2014 ETC Annual Report of Citizens Telephone Corporation  
Study Area Code 320751

Dear Secretary:

On behalf of Citizens Telephone Corporation ("Citizens"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Citizens seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations<sup>1</sup>. Citizens also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter  
Telco Consultant  
Phone: (605) 995-1793  
Fax: (605) 995-1778  
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Mr. Neil Laymon, General Manager, Citizens Telephone Corporation  
Mr. Charles Tyler, Telecommunications Access Policy Division

---

<sup>1</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

<b>REDACTED - FOR PUBLIC INSPECTION</b> <b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	leah.richter@vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 300px; height: 50px;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0.0</div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block; text-align: center;">0.0</div>	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 5px;">320751in510.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 5px;">320751in610.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; width: 350px; height: 50px; padding: 5px;">320751in1010.pdf</div> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--	--

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<div> <input type="radio"/> (yes)                 <input checked="" type="radio"/> (no)             </div>
<111>		<div> <input type="radio"/> (yes)                 <input checked="" type="radio"/> (no)             </div>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

320751in100.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.


- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

1/1/2014

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

-- See attached worksheet

[illegible]

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--	--

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<910>	Tribal Land(s) on which ETC Serves
-------	------------------------------------

<920>	Tribal Government Engagement Obligation
-------	---

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	



(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

<b>(1200) Terms and Condition for Lifeline Customers</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<b>Lifeline Data Collection Form</b>			
<010>	Study Area Code	320751	
<015>	Study Area Name	CITIZENS TEL CORP	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data		
<035>	Contact Telephone Number - Number of person identified in data line <030>	Leah Richter	
<039>	Contact Email Address - Email Address of person identified in data line <030>	6059951793 ext. leah.richter@vantagepnt.com	
<div>320751in1210.pdf</div>			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
<1220>	Link to Public Website	HTTP	Name of Attached Document
"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>	
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>	
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>	

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeah.richter@vantagept.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)

Progress Report on 5 Year Plan

Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011)

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012)

Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013)

Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014)

If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)

Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017)

If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(Yes/No)

(3018)

If the response is no on line 3014, Is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019)

Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021)

Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)

Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023)

Underlying information subjected to a review by an independent certified public accountant

(3024)

Underlying information subjected to an officer certification.

(3025)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

320751in3005.xls.m

(3026)

Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Leah Richter</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Leah Richter
Name of Reporting Carrier:	CITIZENS TEL CORP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/18/2014
Printed name of Authorized Officer:	Joanie Paxson
Title or position of Authorized Officer:	Office Manager
Telephone number of Authorized Officer:	2603752111 ext.
Study Area Code of Reporting Carrier:	320751 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CITIZENS TEL CORP
Name of Authorized Agent or Employee of Agent:	Leah Richter
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/18/2014
Printed name of Authorized Agent or Employee of Agent:	Leah Richter
Title or position of Authorized Agent or Employee of Agent:	Telco Consultant
Telephone number of Authorized Agent or Employee of Agent:	6059951793 ext.
Study Area Code of Reporting Carrier:	320751 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

## Attachments

**(200) Service Outage Reporting (Voice)  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<220>		

[illegible]







REDACTED - FOR PUBLIC INSPECTION

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT LINE 100

ATTACHMENT REDACTED IN ENTIRETY

Attachment Line 510

**CERTIFICATION OF CITIZENS TELEPHONE CORPORATION****Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing locations within 24 business hours of the request. Carrier completes installation requests and responds to service orders to new locations within no longer than 2 business days of the request, as new facilities have to be buried. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their customer service agreement located on their Carrier's website and in their retail office. Notice is also provided in their telephone directory which is updated annually. Carrier's procedures for receiving emergency calls during non-business hours include forwarding the emergency calls to the on-call central office technician who then follows Carrier's Disaster Recovery Plan calling order to remedy the situation.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are copies of Carrier's customer application which includes matters related to customer privacy. Also attached is Carrier's Phone Directory information related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 3, 2014.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

Attachment Line 510

# CITIZENS TELEPHONE CORPORATION

## Authorized Account Contacts

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

The current authorized account contacts are listed below. Please mark whether you would or would not like to add another contact to the account at this time. If you do add another contact, please provide their name(s) in the lines below.

Reminder: Due to the new CPNI FCC rules, we can only discuss certain account information and call detail with such authorized contacts.

**Services Supplied by Citizens** (please mark all that apply)

Phone		Internet		Cable TV	
-------	--	----------	--	----------	--

Current Authorized Account Contacts for (phone number): (260) -

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

☐ No, at this time I do not want to add any additional authorized contacts to my account.

☐ Yes, at this time I would like to add the following people as authorized contacts for my account.

_____	_____
_____	_____

Email Address\*: \_\_\_\_\_

\*The FCC does allow call detail CPNI to be sent to an email account of record. However, this email address must be in the company files for at least 30 days before CPNI can be sent to it. If you would like our company to have an "email address of record" in our files, please provide the address.

Authorized By: \_\_\_\_\_  
(Signature of authorized contact currently listed on the account)

Date: \_\_\_\_\_

Please use the enclosed envelope to return the completed form to our office at:

**Citizens Telephone Corporation**  
**426 N. Wayne Street, PO Box 330**  
**Warren, IN 46792-0330**

For questions regarding this form or the new CPNI company policies, please contact:

Joanie Paxson  
 \_\_\_\_\_  
 CPNI Compliance Officer  
 Citizens Telephone Corporation

**(260) 375-2111**

Phone Number

## CITIZENS TELEPHONE CORPORATION Password Set Up

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

**Reminder:** Due to the new CPNI FCC rules, if you request call detail information you must supply this password before the information can be disclosed. If you do not remember the password, the security questions below will be used for verification and a new password will be established. If a password can not be supplied for call detail information, there are only a few ways mandated by the FCC in order to obtain the information.

- (1) Have the telephone representative call you back, but only at the telephone number of record
- (2) Have the telephone representative mail you the requested call detail information, but only to the address of record
- (3) You, the authorized account customer, must come to the telephone office and show your valid government issued photo ID

One Form must be completed per account, therefore if there are more than one authorized customers on the account this password will be for all authorized customers.

Current Authorized Account Contacts for (phone number): (260) -

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Authorized Customer Chosen Password\*: \_\_\_\_\_

(Between 5-10 characters in length - Alpha, Numeric, or Alpha/Numeric Mixed - no spaces or symbols al

**\*This password can not be historical information such as based on your social security number, address, etc. The FCC is trying to minimize the possibility of false identification for supplying call detail, therefore do not use anything that someone else would be able to access.**

### Security Questions & Answers:

Chose two security questions and fill in the answer. This will be used to verify you as the authorized customer if the password can not be remember. The telephone representative will ask you the chosen questions and wait for the proper answer (that you complete below) before the password is re-established.

1. What was your first childhood pet's name?

\_\_\_\_\_

2. Where were you born?

\_\_\_\_\_

(You can use city and state, just state, just city, state abbreviation, zip code, city nick name, etc. Just remember they way you have chosen to answer this.)

3. What is your favorite color?

\_\_\_\_\_

4. As a child, what was your dream job?

\_\_\_\_\_

5. What brand of shampoo do you use?

\_\_\_\_\_

Authorized By: \_\_\_\_\_

(Signature of authorized contact currently listed on the account)

Date: \_\_\_\_\_

Please use the enclosed envelope to return the completed form to our office at:

**Citizens Telephone Corporation  
426 N. Wayne Street, PO Box 330  
Warren, IN 46792-0330**

For questions regarding this form or the new CPNI company policies, please contact:

Joanie Paxson  
\_\_\_\_\_  
CPNI Compliance Officer  
Citizens Telephone Corporation

(260) 375-2111

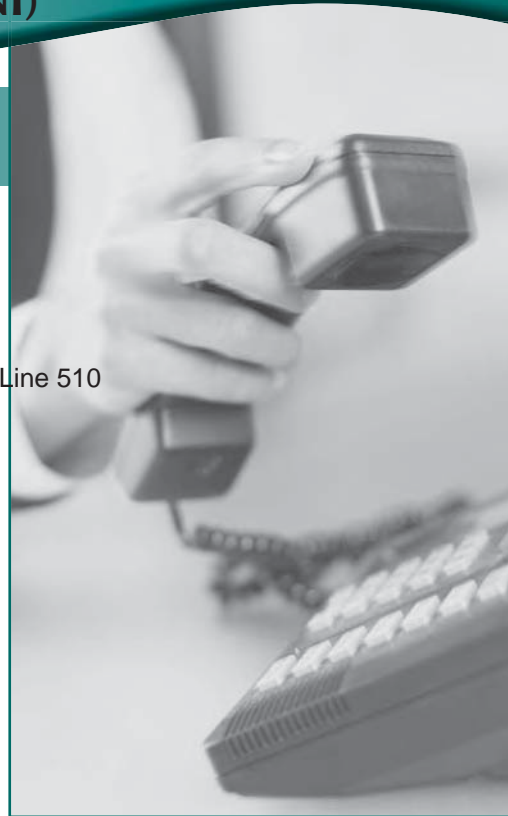
\_\_\_\_\_  
Phone Number

## FCC Plan for Customer Proprietary Network Information (CPNI)

510

### *Your Customer Proprietary Network Information Rights*

In the normal course of providing your telephone service, Citizens Telephone Corporation maintains certain information about your account. This information, when matched to your name, address and calling or originating billing telephone number, is known as your customer specific "Customer Proprietary Network Information," or CPNI for short. Examples include the type of line you have, service features like Touch tone and Caller ID, class of service, telephone charges, long-distance and local service billing records, directory assistance charges, and historical call records and patterns. Some service providers, elected by you, offering additional telecommunication services, such as INTRA/INTER LATA long-distance providers and Internet call-forwarding services, may have customer information and historical call data. You should consult the third party vendor's CPNI policy for information on their use, privacy, and your rights, of your CPNI.



Currently, Citizens Telephone Corporation does not market additional services, nor do we sell customer information to any third party. However, we reserve the right, afforded by law, to use your CPNI to market additional local telephone services to you in the future, as well as enhanced features and long distance services. The Federal Communications Commission has adopted rules stating that Citizens Telephone Corporation may not use your CPNI to market certain telecommunications related services or features to you if you have requested that the CPNI be considered "restricted/opt-out" for this purpose. If you wish to have your CPNI "restricted/opt-out," call the Citizens Telephone Corporation office at (260) 375-2111. Tell us that you wish to restrict our use of your customer information. The restriction will remain in effect until you notify us otherwise. Please note that restricting your CPNI will not eliminate all of our marketing contacts with you. You could still receive marketing contacts from us that are not based on your CPNI. Also, we are permitted to use your CPNI to contact you about additional local telephone and other services when we already provide you that same type service. Finally, even if your CPNI is restricted, we may still use it to market any other telecommunications services or features with your permission or if you contact us and ask about them.

**CITIZENS TELEPHONE  
CORPORATION**

426 N. Wayne Street P.O. Box 330  
WARREN, INDIANA 46792  
Serving Warren and Liberty Center Exchanges



260-375-2111  
Fax - 260-375-2244

February 19, 2014

Ms. Marlene H. Dortch  
Federal Communications Commission (FCC)  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: EB Docket No. 06-36

Dear Ms. Dortch:

Enclosed for electronic filing in compliance with the FCC customer proprietary network information (CPNI) rules under 47 C.F.R. § 64.2009(e) is the 2013 CPNI annual compliance certification and accompanying statement of operating procedures for Citizens Telephone Corporation (499 Filer ID: 801066).

Please contact me if you have any questions or concerns regarding this filing.

Respectfully Submitted,

Joanie Paxson  
Compliance Officer  
joanie@citznet.com  
260-375-2111

Attachments



Attachment Line 510

**Annual 47 C.F.R. § 64.2009(e) CPNI Certification**

**EB Docket 06-36**

Annual 64.2009(e) CPNI Certification for 2013

Date filed: February 19, 2014

Name of company covered by this certification: Citizens Telephone Corporation

Form 499 Filer ID: 801066

Name of signatory: Joanie Paxson

Title of signatory: Compliance Officer

I, Joanie Paxson, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 *et seq.*

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements set forth in section 64.2001 *et seq.* of the Commission's rules. See attached accompanying statement of operating procedures.

The company has not taken any actions (proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year.

The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI.

The company currently has no information with respect to the processes pretexters are using to attempt to access CPNI. At this time, we have not encountered known pretexting. Our protective measures against pretexters are outlined in the accompanying statement of operating procedures.

The company represents and warrants that the above certification is consistent with 47 C.F.R. §1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Signed: Joanie Paxson

Attachment: Accompany Statement explaining CPNI procedures

### **Attachment: Accompanying Statement of Operating Procedures**

Per the FCC CPNI rules [47 CFR §64.2009(e)] and as referenced in the attached signed certification, Citizens Telephone Corporation, herein referenced as the Company hereby certifies that the Company [and its affiliates] is in compliance with the FCC CPNI rules and has outlined some of the important operating procedures below in order to ensure the Company's compliance in the protection of CPNI:

1. CPNI manual has been reviewed in order to ensure compliance for all FCC CPNI rules and has been adopted by our Company's board
2. CPNI Compliance officer has been designated and oversees all CPNI duties, training, and activity
3. Employees have been trained on when they are, and are not, authorized to use or disclose CPNI
  - o Disciplinary process has been defined and is in place for violations and/or breaches of CPNI
4. Carrier authentication requirements have been met
  - o All customers during a customer-initiated telephone call are authenticated as being an authorized account contact before discussing CPNI (non-call detail or call detail) without utilizing readily available biographical or account information as defined by the FCC
  - o Call detail is only released to customers during customer-initiated telephone contact if a password is provided. If the requesting customer does not provide a password, only the following FCC approved methods are permitted for the release of the requested call detail:
    - Sending the requested detail to the address of record (only a physical or email address associated with that particular account that has been in our company files for at least 30 days)
    - Calling the customer back at the telephone of record (only disclosing if the customer was authenticated as being an authorized account contact)
    - Having customer come in to Company's office and provide a valid government issued photo ID
5. Notice to customer of account change as customers are notified immediately when a customer creates or changes one of the following:
  - o password
  - o customer response to a back-up means of authentication for lost or forgotten passwords
  - o online account
  - o address of record
6. Notice of unauthorized disclosure of CPNI, a notification process is in place in order to notify both law enforcement and customer(s) in the event of a CPNI breach within the timeline specified by the FCC
7. CPNI is not utilized for marketing purposes
  - o Marketing campaigns are only done by sending promotions to all customers, which are documented
  - o One time oral marketing approval method may be used at times
8. Additional protection measures are taken above and beyond the current FCC CPNI rules
  - o Company takes reasonable measures to discover and protect against activity that is indicative of pretexting
  - o Company maintains security of all CPNI, including but not limited to:
    - Documents containing CPNI are shredded
    - Computer terminals are locked when employee is not at the station

Attachment Line 510

**FACT ACT RED FLAG IDENTITY THEFT  
PREVENTION MANUAL**

**COMPLIANCE OFFICER ANNUAL RFITP REPORT**

To be compliant with the RFITP responsibilities and duties designated to me as Compliance Office, I must present an annual report to the Board of Directors for Citizens Telephone Corporation.

The RFITP rules state:

“Compliance Officer must prepare and present annual report to the Board. In order to do so, the Compliance Officer must have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the requirements of the Red Flag rules. The annual report should address material matters related to the Red Flag Identity Theft Prevention manual and evaluate issues such as: the effectiveness of policies and procedures of our Company in addressing the risk of identity theft in connection with the opening of covered accounts and with respect to existing covered accounts; service provider arrangements; significant incidents involving identity theft and management’s response; and recommendations for material changes to the manual, which will need to be approved by the Board.”

**As Compliance Officer’s appointed by the Board of Directors, we hereby report:**

For the period November 1, 2012 thru October 31, 2013 there was no security breaches reported by Citizens Telephone subscribers, or from any of our 3<sup>rd</sup> Party Providers.

Dated this 1<sup>st</sup> day of November 2013.

  
Joan Paxson, Compliance Officer

  
Cammy Ackley, Compliance Officer

Attachment Line 510

**ANNUAL REVIEW OF THE BOARD OF DIRECTORS OF  
CITIZENS TELEPHONE CORPORATION**

**FACT ACT RED FLAG IDENTITY THEFT  
PREVENTION MANUAL**

RESOLUTION: At a meeting of the Board of Directors of **Citizens Telephone Corporation & Warren Cable Company**, hereafter referred to as the Board, which was held on this 22 day of December 2013, the following report was unanimously approved:

In order to comply with the FACT Red Flag Identity Theft Prevention Program, the Board of Directors of Citizens Telephone Corporation must review and approve the annual report submitted by the Compliance Officer.

This report has been submitted by Co-Compliance Officers Joan Paxson and Cammy Ackley.

IN WITNESS WHEREOF, I have affixed my name as President of said **Citizens Telephone Corporation**, this 22 day of December 2013.



(Neil Laymon, President)

**CERTIFICATION OF CITIZENS TELEPHONE CORPORATION****Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has generators for power reserve in their Central office and Liberty Center Office. Carrier's rural Remotes each have up to 8 hours battery backup and Carrier also has 2 portable 50kW generators to service the Rural Remotes in the event of an extended outage. Battery charging takes 2 hours which allows time to charge and move to another remote if needed. This backup enables it to provide service for a reasonable period of time if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged. Carrier also has in place a Disaster Recovery Plan, which has been reviewed, approved and adopted by the Board of Directors and Carrier.

I verify that the foregoing is true and correct. Executed on June 3, 2014.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

Attachment Line 610

**REVIEW OF THE BOARD OF DIRECTORS  
CITIZENS TELEPHONE CORPORATION**

**DISASTER RECOVERY PLAN**

RESOLUTION: At a meeting of the Board of Directors of **Citizens Telephone Corporation & Warren Cable Company**, hereafter referred to as the Board, which was held on this 11<sup>th</sup> day of March, 2014 the following report was unanimously approved:

In order to comply with the FCC Data Collection Report Sections 54.313 and 54.422, the Board of Directors of Citizens Telephone Corporation has reviewed and approved the Disaster Recovery Plan, Revision 2, adopted March 2014.

IN WITNESS WHEREOF, I have affixed my name as President of said **Citizens Telephone Corporation**, this 11<sup>th</sup> day of March, 2014.

  
\_\_\_\_\_  
(Neil Laymon, President)

# **CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**

**Reporting Period January 1 – December 31, 2013**

## **47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 12, 2014.

/s/ Neil Laymon

Neil Laymon, General Manager

Citizens Telephone Corporation

Attachment Line 1210

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 320751

Study Area Name: Citizens Telephone Corporation

Citizens Telephone Corporation publishes Lifeline Information in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Citizens Telephone Corporation's Rates and Pricing <http://www.citznet.com/content/telephone-service>

Frequently Asked Questions on Citizens Telephone Corporation's website <http://www.citznet.com/content/faq> :

**Q. Are there programs available to help make telephone service more affordable for low-income customers? How is eligibility determined, and where can I apply?**

**A.** Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. If you participate in social programs, such as Supplemental Security Income (SSI), Food Stamps, Low Income Home Energy Assistance (LIHEAP), Temporary Assistance to Needy Families (TANF), Medicaid, Federal Public Housing Assistance, National School Lunch Program or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill. This "universal service" system includes:

- Lifeline assistance - provides discounts for basic monthly local telephone service
- Link-up - reduces the cost of initiating new telephone service

Eligibility for these programs varies by federal and state guidelines. To find out whether you qualify, you need to fill out standard forms available at our office and other state and local government offices in the area. While we participate in these federal and state programs based support programs, we are not responsible for determining who qualifies, and therefore who receives assistance. Customers must meet specific, pre-determined regulations in order to obtain assistance with their local telephone service.

The Universal Service Administration lists full details and state-specific Lifeline contact information, at [www.lifelinesupport.org](http://www.lifelinesupport.org). Or you can call toll free, 1-888-641-8722, if you have questions about the Lifeline and Link-up discounts.



### What are the restrictions?

Lifeline discounts will only apply toward the basic residential telephone service. This discount is available for only one telephone service per household. If you are receiving this discount from a wireless provider, it is not available from Citizens Telephone. Applicant must reside at the location for which the telephone service is provided.

### How do I verify eligibility?

Applicants who qualify must show proof of participation in one of the eligibility programs or income based eligibility. Proof can be obtained by bringing the necessary documents to Citizens Telephone office. This could include your benefit ID card, copy of eligibility letter from authorized agency or prior year's statement of benefits. Annual recertification will be required to remain on Lifeline.

### How do I sign up?

Applications are available at Citizens Telephone's office.

The **LIFELINE PROGRAM** helps telephone companies to offer discounts to subscribers, which lowers the cost of their monthly telephone service. You are eligible to receive a discount on either a wireline or wireless account.



Citizens Telephone Corporation  
426 N Wayne St  
PO Box 330  
Warren IN 46792  
260-375-2111  
[www.citznet.com](http://www.citznet.com)

**Yes, you can afford telephone service!**



## **LIFELINE ASSISTANCE PROGRAM**





## PROGRAM BASED ELIGIBILITY

You must provide proof of participation in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance (Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance Section 8
- Low Income Energy Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch

Every person in America should have access to quality, affordable telecommunication service. The principle of “Universal Service” has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the “preservation and advancement of Universal Service.”

To achieve the Universal Service goal, carriers have access to a fund that is generated by contributions from the telecommunications providers in the United States. Telecommunications companies draw from the fund to provide four programs that support telecommunications services nationwide. Lifeline Assistance Program is a part of the Fund’s Low Income Program. Toll Limitation Service is another program available to low income subscribers to help them control what they spend on telephone long distance service. Lifeline and Toll Limitation support provides discounts to eligible low income consumers to help them establish and maintain telephone service.

## INCOME BASED ELIGIBILITY

Calculate the total household income by adding the income from all adult persons in the household in the below categories to see if you qualify:

Wages	
Social Security Benefits	
Retirement Benefits	
Alimony	
Child Support	
Unemployment Benefits	
Worker's Compensation	
TOTAL	

Household Size	Yearly Income
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$54,122

For each additional person, add \$5,481

You must provide proof of income. Examples include your prior year's income tax return or most recent statements from each type of current income sources noted above.

**LIFELINE ASSISTANCE APPLICATION****Certification for Landline Service Providers**\_\_\_\_ **New Service**\_\_\_\_ **Recertification****SECTION A – PERSONAL INFORMATION (REQUIRED)**

The person below MUST BE the same person listed on the telephone bill. Please remember to complete Section D on the reverse side.

Customer Name	Complete Phone #
Billing Address	Service Address
City,St,Zip	City,St,Zip
Date of Birth (M/D/Y)	Last 4 Digits of SSN (required)

Is this service address temporary? (Required) YES / NO

Is this service address a multi-household? (Required) YES / NO

Only one Lifeline service is available per household. For purposes of the Lifeline program:

- A household is defined as any individual or group of individuals who live together at the same address as one economic unit.
- An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons, and may not receive Lifeline benefits from multiple providers.

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person. (If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.)

**APPLICANT MUST COMPLETE SECTION B OR SECTION C****SECTION B – PROGRAM BASED ELIGIBILITY**

Check all program (s) in which you or household members are currently enrolled. You must provide proof of program participation.

This could include a copy of your benefit ID card, a copy of an eligibility letter from authorized agency or prior year's statement of benefits.

- ☐ Medicaid (E1)
- ☐ Supplemental Nutrition Assistance (Food Stamps or Snap) (E2)
- ☐ Supplemental Security Income (SSI) (E3)
- ☐ Federal Public Housing Assistance Section 8 (E4)
- ☐ Low Income Energy Assistance Program (LIHEAP) (E5)
- ☐ Temporary Assistance to Needy Families (TANF) (E6)
- ☐ National School Lunch Program's Free Lunch (E7)

**SECTION C – INCOME BASED ELIGIBILITY (E13)****Circle qualifying household size**

Household Size	Yearly income @ 135% of Federal Poverty Guidelines
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$54,122

Calculate the TOTAL household income by reporting the income of all adult persons in your household in the appropriate category. **REQUIRED INFORMATION IF QUALIFYING BY INCOME.**

INCOME SOURCE	AMOUNT OF INCOME
Prior Year's State or Federal tax return <b>OR</b> Social Security; Retirement Benefits	
Alimony or Child Support Benefits	
Wages	
Unemployment; Worker's Compensation	
<b>TOTAL</b>	

**You must provide proof of income as reported above.** Examples include your prior year's State or Federal income tax return OR most recent statement(s) from each type of current income sources noted above:

- Three months' worth of your most recent paycheck stub(s)
- Unemployment/Workmen's Compensation statement of benefits from all employers
- Child Support documentation showing benefits
- Social Security statement of benefits
- Federal or Veterans Administration statement of benefits
- Divorce Decree showing Alimony benefits

**If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.**

(\*) The US Department of Health & Human Services updates the federal poverty guidelines annually. Figures above are using 2013 data.

## **SECTION D – SIGNATURE SECTION (REQUIRED)**

Please read the following statements, initial by each certification, and sign below. (Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.) By initialing below, I certify under penalty of perjury, to each and every one of the following statements:

	I meet the income based or programs based eligibility criteria for receiving Lifeline support and have provided documentation of my eligibility.
	I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including if I no longer meet the income based or program based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.
	If I move to a new address, I will provide that new address to the telephone company within 30 days.
	If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days.
	My household will receive only one (1) Lifeline service, and to the best of my knowledge, my household is not already receiving a Lifeline service.
	I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
	I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
	I acknowledge that information from this certification will be given to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that my household does not receive more than one benefit.

By signing below, I affirm under the penalty of perjury that the information contained in the application and certification form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Customer Signature & Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
POA Name (If applicable)

\_\_\_\_\_  
POA Mailing Address & Contact Phone Number

Documentation verified by: \_\_\_\_\_

## General Information

### *Dial-Direct*

Dial-direct calls are those (excluding Alaska and Hawaii) completed from a residence or business phone without operator assistance.

Long distance direct-dial calls are provided by the carrier of your choice. Rates are set by the carrier you have chosen.



### *Operator-Assisted*

Operator-assisted calls are those requiring the assistance of an Operator to complete the call. These include person-to-person, coin, collect, calling card, billed to a third number, hotel guest, and time and charge calls.

Additional service charges apply when the operator assists in placing your call. Rates are set by the carrier you have chosen.

- **Federal Excise Tax** applies to all charges.
- **Charges are based** upon rates in effect at the time of connection at the calling point, calls beginning in one rate period and ending in another are billed for time & rate of each period.

### *Assistance Programs*

Citizens Telephone Corporation participates in the Lifeline program that helps low income customers afford local telephone service. In order to meet the low income eligibility criteria, you must participate in one of the following programs:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Medicaid
- Federal Public Housing Assistance
- National School Lunch Program
- Low Income/Federal Poverty Guideline

For additional information or application, please contact our office.

### *NOTICE*

900 and 976 call in numbers are NOT Toll Free. Charges range from \$.50 to \$25.00 and more, plus additional minutes of use. Know before you dial these numbers!

Calls to directory assistance will be subject to charges from the companies providing long distance service.

# CITIZENS TELEPHONE CORPORATION

## Application for Service



<b>TYPE OF SERVICES REQUESTED</b>	Landline Phone	Cable TV
	Internet	Bundle Product? Yes or No (Res Only)
Date	Assigned #	Non Pub # Yes or No
Customer/Business Name		
Actual Location		
Billing Address if Different		
POA for Invoice		
	Address	Tel #
Spouse / Other Occupant / Business Owner		
<b>INFORMATION FOR LANDLINE INSTALLATION</b>		
<input type="checkbox"/> Deposit Paid \$	<input type="checkbox"/> Installation Fee \$	
<input type="checkbox"/> Additional Jacks Required \$	<input type="checkbox"/> Advance Pay Received \$	
Long Distance Carrier Preference	PIC Freeze? Yes or No	
An assistance program known as Lifeline is available. A separate application and proof of assistance is required. Credit will apply to landline service only.		
Custom calling features are available. Additional information on these features and how they work, can be found in our telephone directory. Calling features can be added or deleted at any time. Most calling features are free with a bundled service.		
<b>INFORMATION FOR INTERNET INSTALLATION</b>		
User Name (letters only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Password (letters and or numbers)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Basic DSL Access (768 K) \$18.95	<input type="checkbox"/> Data Only Level 1 DSL Access (4 M) \$48.00	
<input type="checkbox"/> Level 1 DSL Access (4 M) \$32.00	<input type="checkbox"/> Data Only Level 2 DSL Access (8 M) \$65.00	
<input type="checkbox"/> Level 2 DSL Access (8 M) Residential \$46.00	<input type="checkbox"/> Data Only Level 3 DSL Access (15 M) \$95.00	
<input type="checkbox"/> Level 2 DSL Access (8 M) Business \$52.00	<input type="checkbox"/> Data Only Level 4 VDSL Access (25 M) \$120.00	
<input type="checkbox"/> Level 3 DSL Access (15 M) Residential \$63.00	<input type="checkbox"/> Surge Protector \$	
<input type="checkbox"/> Level 3 DSL Access (15 M) Business \$69.00	<input type="checkbox"/> Installation \$21.00	
<input type="checkbox"/> Level 4 VDSL Access (25 M) Business \$74.00	<input type="checkbox"/> Advance Pay Received \$	
<input type="checkbox"/> Other \$	<input type="checkbox"/> Other \$	



<b>INFORMATION FOR CABLE TV INSTALLATION</b>	
<input type="checkbox"/> Installation \$15.00	<input type="checkbox"/> Basic Cable TV \$36.00
<input type="checkbox"/> Home Box Office Channel \$16.50	<input type="checkbox"/> Encore Movie Channel \$5.00
<input type="checkbox"/> Additional Outlets \$	<input type="checkbox"/> Advance Pay Received \$
<b>ADDITIONAL INFORMATION FOR BUNDLED SERVICE</b>	
<input type="checkbox"/> Voice Mail/Message Desk	<input type="checkbox"/> Automatic Recall *69
<input type="checkbox"/> Call Forward Busy	<input type="checkbox"/> Call Forward Don't Answer
<input type="checkbox"/> Call Forwarding	<input type="checkbox"/> Call Waiting
<input type="checkbox"/> Call Waiting with Caller ID	<input type="checkbox"/> Caller Name & Number Delivery
<input type="checkbox"/> Selective Call Rejection	<input type="checkbox"/> Three Way Calling
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<p>Per the FCC rules regarding Customer Proprietary Network Information (CPNI), only authorized account contacts can obtain account information. Please specify below names of additional contacts. According to CPNI FCC rules, we can only discuss certain account information with persons listed on this form.</p>	
Due to the CPNI FCC rules, if you request call detail or financial information, you must supply a password before the information can be disclosed.	Authorized Chosen Password:
If you do not remember the password, the below security questions will be used for verification.	
What was your first childhood pet's name?	What is your favorite color?
<p>All information requested must be completed for an account to be assigned and activated. This application is an agreement for service according to the Customer Service Agreement set forth by Citizens Telephone Corporation on July 1, 2009.</p>	
Print Full Legal Name	Date
Signature	
Cell Phone #	Drivers License #

CITIZENS TELEPHONE CORPORATION  
 PO Box 330 / 426 N Wayne St  
 Warren, IN 46792  
 (PH) 260-375-2111 (FAX) 260-375-2244  
[www.citznet.com](http://www.citznet.com)

REDACTED - FOR PUBLIC INSPECTION

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT LINE 3026

ATTACHMENT REDACTED IN ENTIRETY